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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/485,707	06/28/2000	KLAS HYLLANDER	2867-0180-6	9794
22850	7590	01/31/2006	EXAMINER	
OBLON, SPIVAK, MCCLELLAND, MAIER & NEUSTADT, P.C. 1940 DUKE STREET ALEXANDRIA, VA 22314			NGUYEN, SIMON	
		ART UNIT	PAPER NUMBER	2685

DATE MAILED: 01/31/2006

Please find below and/or attached an Office communication concerning this application or proceeding.



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Serial No. : 09485707
Applicant : KLAS HYLLANDER
Filing Date : JUNE 28,2000
Date Mailed : January 30, 2006

ACKNOWLEDGEMENT OF REQUEST

Notice of Allowance/Allowability Mailed

The request for a corrected notice of allowance/allowability, dated MAY 27,2005, has been received by the U.S. Patent and Trademark Office. A corrected notice of allowance/allowability will not be mailed, but the Office has verified the following information, and made any necessary corrections to Office computer data:

- The error in the title has been corrected as shown on the attached Bibliographic Data Sheet.

LAKEISHA PLUMMER
For the Office of Patent Publication



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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 9794

SERIAL NUMBER 09/485,707	FILING OR 371(c) DATE 06/28/2000 RULE	CLASS 455	GROUP ART UNIT 2685	ATTORNEY DOCKET NO. 2867-0180-6
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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/SE98/01349 08/08/1998

**** FOREIGN APPLICATIONS *******

SWEDEN 9703121-5 08/29/1997

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/28/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 2	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

COMMUNICATION SYSTEM INCLUDING MEANS FOR TRANSMITTING INTERNET ADDRESSES VIA SMS

FILING FEE RECEIVED 2018	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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